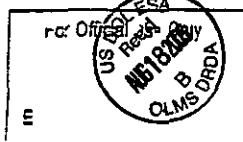


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1250-82
Expires 30-200-

This report is mandatory under 29 U.S.C. 482 as amended. Failure to comply may result in criminal prosecution, fine, or civil penalties as provided by 29 U.S.C. 485 and 44C.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U	2. Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04
3. Name and address of person filing Name MICHAEL L VAUGHN P.O. Box Bldg Room No. if any PO Box 761 Street City PADUCAH State KY ZIP Code + 4 42002-0761 State KY	4. Name, file number, and address of labor organization Name LABORERS LOCAL 1214 Labor Organization File Number 006072 P.O. Box Building and Room Number if any PO Box 761 Street City PADUCAH State KY ZIP Code + 4 42002-0761
5. Position in labor organization BUSINESS MANAGER / SECRETARY TREASURER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg, Room No. if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income 7. b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael L Vaughn On 8-8-05 1-270-442-3434
Date Telephone Number



Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business

8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust OUSS Lecet c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name OUSS Lecet Trade Name if any P O Box Bldg Room No if any 25 CENTURY BOULEVARD Suite 305 Street City Nashville State TN ZIP Code + 4 37214	11 a Nature of such dealing MARKET SHARE meeting meal 3-13-04 11 b Approximate dollar value of such dealing \$123.66 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment.
13 b Is the Business an Employer or Consultant ?	